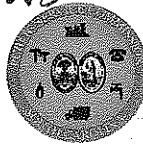
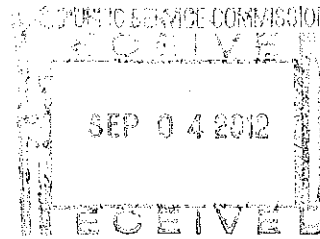


238692



Complaint Form



Phone: 803-896-5100
Fax: 803-896-5199
www.psc.sc.gov

Print

Date: 30 August 2012

Complainant or Legal Representative Information: * Required Fields

Name * john dervay
Firm (if applicable) _____
Mailing Address * 1114 Palmyra Drive
City, State Zip * Tega Cay, SC 29708 Phone * 803-242-5267
E-mail * _____

Name of Utility Involved in Complaint: * Tega Cay Water Service, Inc.

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

Type of Complaint (check appropriate box below.) *

- | | | | |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input checked="" type="checkbox"/> Other (be specific) <u>Change to billing info package supplied</u> | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☒ No Name of ORS Contact: _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

I received my monthly bill from TCWS and they, for the first time, did not supply a business style envelope for me to send in my payment along with their required bill stub. This is just another example of cutting their operating costs with total disregard of quality service to their customers.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

I want this complaint filed under 2012-177-WS.

STATE OF SOUTH CAROLINA) VERIFICATION

COUNTY OF YORK)

I, JOHN DERVAY
Complainant's Name *

verify that I have read my complaint filed on 8/30/2012
Date *

and know the contents thereof, and that said contents are true.

[Signature]
Complainant's Signature *

Internal Use Only

Processed By	Date
H.E.	